

Bureau of Health Care Quality and Compliance

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|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>NVS3176AGC</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/26/2010</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MYSTIC HAVEN</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3421 CAMSORE POINT<br/>LAS VEGAS, NV 89129</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| Y 000   | Initial Comments<br><br>Surveyor: 28276<br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.<br><br>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 1/26/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.<br><br>The facility was licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness Category II. The census at the time of the survey was five. Five resident files were reviewed and Seven employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.<br><br>The following deficiencies were identified: | Y 000  |  |  |
| Y 105<br>SS=D   | 449.200(1)(f) Personnel File - Background Check<br><br>NAC 449.200<br>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.<br><br>This Regulation is not met as evidenced by:<br>Surveyor: 28276   | Y 105  |  |  |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 105   | Continued From page 1<br><br>Based on record review on 1/26/10, the facility failed to ensure 1 of 7 caregivers had current, at least once every 5 years, criminal history background checks completed (Employee #5).<br><br>This was a repeat deficiency from the 1/18/08 State Licensure survey.<br><br>Severity: 2    Scope: 1  | Y 105  |  |                          |  |
| Y 356<br>SS=E   | 449.222(6) Bathrooms and Toilet Facilities<br><br>NAC 449.222<br>6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.<br><br>This Regulation is not met as evidenced by:<br>Surveyor: 28276<br>Based on observation on 1/26/10, the facility failed to ensure 1 of 3 bathrooms (bathroom located next to caregiver's bedroom) was equipped with a single motion lock.<br><br>Severity: 2    Scope: 2 | Y 356  |  |                          |  |
| Y 936<br>SS=F   | 449.2749(1)(e) Resident file-NRS 441A Tuberculosis<br><br>NAC 449.2749<br>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all   | Y 936  |  |                          |  |

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| Y 936   | <p>Continued From page 2</p> <p>records, letters, assessments, medical information and any other information related to the resident, including without limitation:<br/>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by:<br/>Surveyor: 28276<br/>Based on record review on 1/26/10, the facility failed to ensure 1 of 5 residents complied with NAC 441A.380 regarding tuberculosis (Resident #2) which affected all residents.</p> <p>This was a repeat deficiency from the 1/14/09 State Licensure survey.</p> <p>Severity: 2      Scope: 3</p> | Y 936  |  |  |

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